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COMBINED DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY

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| ATTORNEY'S DOCKET PU4687USw |
| First Name Inventor: BROWN et al |
| <u>Complete if known:</u> App No.: |
| Filing Date |
| Group Art Unit: |

- () Declaration submitted with initial filing or
() Declaration submitted after initial filing (surcharge required 37CFR1.16(c))

As below named inventor. I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

✓
PYRAZOLOPYRIMIDINES AS KINASE INHIBITORS

the specification of which (check only one item below):

- [] is attached hereto.
OR
[X] was filed on July 21, 2003 as United States application Serial No. _____ or PCT International

Application Number PCT/US03/22716 filed and was amended on (MM/DD/YYYY) _____ (if applicable)

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR §1.56.

I hereby claim foreign priority benefits under 35 U.S.C. §119 (a)-(d) or §365(b) of any foreign applications(s) for patent or inventor's certificate or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate or of any PCT international application having a filing date before that of the application on which priority is claimed:

| PRIOR FOREIGN AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119: | | | |
|--|---------|----------------------------------|------------------|
| Prior Foreign Application Number (s) | Country | Foreign Filing Date (MM/DD/YYYY) | PRIORITY CLAIMED |
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| 5. | | | |

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below:

| Application No. | Filing Date (MM/DD/YYYY) |
|-----------------|--------------------------|
| ✓ 1. 60/397,988 | 07/23/2002 |
| 2. | |
| 3. | |

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Rec'd PCT/PTO 20 JAN 2005

COMBINED DECLARATION FOR UTILITY or DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY Continued

ATTORNEY'S DOCKET NUMBER
PU4687USW

I hereby claim the benefit under 35, U.S.C. §120 of any United States application or §365(c) of any PCT international application designating the United States of America that is listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56 which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:

PRIOR U.S. PARENT APPLICATION or PCT PARENT APPLICATION

| U.S. Parent Application or PCT Parent Number | Parent Filing Date (MM/DD/YYYY) | STATUS (Check one) | | |
|--|---------------------------------|--------------------|---------|-----------|
| | | PATENTED | PENDING | ABANDONED |
| | | | | |


POWER OF ATTORNEY: As a named inventor, I hereby appoint the practitioners associated with the Customer Numbers provided below to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith
Customer Number 23347 and Customer Number 20462

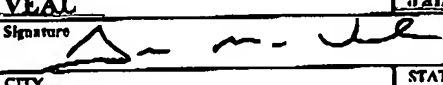
Address all correspondence and telephone calls to Customer Number 23347
23347

Direct Telephone Calls to:
Amy H. Fix
919-483-8911

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

| | | | | |
|---------------------|-------------------------|---------------------|--------------------------|---------------------------|
| 1-00 2 0 1 | FULL NAME OF INVENTOR | FAMILY NAME | FIRST GIVEN NAME | SECOND GIVEN NAME/INITIAL |
| | INVENTOR'S SIGNATURE | <u>BROWN</u> | <u>Matthew</u> | <u>Lee</u> |
| | RESIDENCE & CITIZENSHIP | CITY | STATE OR FOREIGN COUNTRY | COUNTRY OF CITIZENSHIP |
| | POST OFFICE ADDRESS | POST OFFICE ADDRESS | CITY | STATE & ZIP CODE/COUNTRY |
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| 2 0 2 | FULL NAME OF INVENTOR | FAMILY NAME | FIRST GIVEN NAME | SECOND GIVEN NAME/INITIAL |
| | INVENTOR'S SIGNATURE | <u>CHEUNG</u> | <u>Mui</u> | <u>Lee</u> |
| | RESIDENCE & CITIZENSHIP | CITY | STATE OR FOREIGN COUNTRY | COUNTRY OF CITIZENSHIP |
| | POST OFFICE ADDRESS | POST OFFICE ADDRESS | CITY | STATE & ZIP CODE/COUNTRY |
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| 2 0 3 | FULL NAME OF INVENTOR | FAMILY NAME | FIRST GIVEN NAME | SECOND GIVEN NAME/INITIAL |
| | INVENTOR'S SIGNATURE | <u>DICKERSON</u> | <u>Scott</u> | <u>Howard</u> |
| | RESIDENCE & CITIZENSHIP | CITY | STATE OR FOREIGN COUNTRY | COUNTRY OF CITIZENSHIP |
| | POST OFFICE ADDRESS | POST OFFICE ADDRESS | CITY | STATE & ZIP CODE/COUNTRY |
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|---|-------------------------|---|---|---|
| 2 | FULL NAME OF INVENTOR | FAMILY NAME GARRIDO | FIRST GIVEN NAME Dulce | SECOND GIVEN NAME/INITIAL Maria |
| | INVENTOR'S SIGNATURE | Signature | | Date: |
| 0 | RESIDENCE & CITIZENSHIP | CITY Durham | STATE OR FOREIGN COUNTRY NC US | COUNTRY OF CITIZENSHIP US |
| 4 | POST OFFICE ADDRESS | POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398 | CITY Research Triangle Park | STATE & ZIP CODE/COUNTRY North Carolina 27709, US |
| 2 | FULL NAME OF INVENTOR | FAMILY NAME MILLS | FIRST GIVEN NAME Wendy | SECOND GIVEN NAME/INITIAL Yoon |
| | INVENTOR'S SIGNATURE | Signature | | Date: |
| 0 | RESIDENCE & CITIZENSHIP | CITY Durham | STATE OR FOREIGN COUNTRY NC US | COUNTRY OF CITIZENSHIP US |
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| 2 | FULL NAME OF INVENTOR | FAMILY NAME MIYAZAKI | FIRST GIVEN NAME Yasushi | SECOND GIVEN NAME/INITIAL |
| | INVENTOR'S SIGNATURE | Signature  | | Date: 9/26/2003 |
| 0 | RESIDENCE & CITIZENSHIP | CITY Tsukuba-shi | STATE OR FOREIGN COUNTRY Ibaraki JP JPX | COUNTRY OF CITIZENSHIP JP |
| 6 | POST OFFICE ADDRESS | POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398 | CITY Research Triangle Park | STATE & ZIP CODE/COUNTRY North Carolina 27709, US |
| 2 | FULL NAME OF INVENTOR | FAMILY NAME PEAT | FIRST GIVEN NAME Andrew | SECOND GIVEN NAME/INITIAL James |
| | INVENTOR'S SIGNATURE | Signature | | Date: |
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| 2 | FULL NAME OF INVENTOR | FAMILY NAME PECKHAM | FIRST GIVEN NAME Jennifer | SECOND GIVEN NAME/INITIAL P |
| | INVENTOR'S SIGNATURE | Signature | | Date: |
| 0 | RESIDENCE & CITIZENSHIP | CITY Durham | STATE OR FOREIGN COUNTRY NC US | COUNTRY OF CITIZENSHIP US |
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| 2 | FULL NAME OF INVENTOR | FAMILY NAME SMALLEY | FIRST GIVEN NAME Terrence | SECOND GIVEN NAME/INITIAL L |
| | INVENTOR'S SIGNATURE | Signature | | Date: |
| 0 | RESIDENCE & CITIZENSHIP | CITY Durham | STATE OR FOREIGN COUNTRY NC US | COUNTRY OF CITIZENSHIP US |
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| 2 | FULL NAME OF INVENTOR | FAMILY NAME THOMSON | FIRST GIVEN NAME Stephen | SECOND GIVEN NAME/INITIAL Andrew |
| | INVENTOR'S SIGNATURE | Signature | | Date: |
| 1 | RESIDENCE & CITIZENSHIP | CITY Durham | STATE OR FOREIGN COUNTRY NC US | COUNTRY OF CITIZENSHIP US |
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| 2 | FULL NAME OF INVENTOR | FAMILY NAME VEAL | FIRST GIVEN NAME James | SECOND GIVEN NAME/INITIAL Marvin |
| | INVENTOR'S SIGNATURE | Signature  | | Date: 9-26-2003 |
| 1 | RESIDENCE & CITIZENSHIP | CITY Apex | STATE OR FOREIGN COUNTRY NC US NC | COUNTRY OF CITIZENSHIP US |
| 1 | POST OFFICE ADDRESS | POST OFFICE ADDRESS 8916 Weaver Crossing Road | CITY Apex | STATE & ZIP CODE/COUNTRY North Carolina 27502, US |
| 2 | FULL NAME OF INVENTOR | FAMILY NAME WILSON | FIRST GIVEN NAME Jayne | SECOND GIVEN NAME/INITIAL Lyn, Roark |
| | INVENTOR'S SIGNATURE | Signature | | Date: |
| 1 | RESIDENCE & CITIZENSHIP | CITY Durham | STATE OR FOREIGN COUNTRY NC US | COUNTRY OF CITIZENSHIP US |
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COMBINED DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY

ATTORNEY'S DOCKET

PU4687USw

First Names Inventor:

BROWN et al

Complete if known:

App No.:

Filing Date

Group Art Unit:

() Declaration submitted with initial filing or

() Declaration submitted after initial filing (surcharge required 37CFR1.16(e))

As below named inventor. I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

PYRAZOLOPYRIMIDINES AS KINASE INHIBITORS

the specification of which (check only one item below):

[] is attached hereto.

OR

[X] was filed on July 21, 2003 as United States application Serial No. _____ or PCT International

Application Number PCT/US03/22716 filed and was amended on (MM/DD/YYYY) _____ (if applicable)

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.

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PRIOR FOREIGN AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:

| Prior Foreign Application Number (s) | Country | Foreign Filing Date (MM/DD/YYYY) | PRIORITY CLAIMED |
|--------------------------------------|---------|----------------------------------|------------------|
| 1. | | | |
| 2. | | | |
| 3. | | | |
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| 1. 60/397,988 | 07/23/2002 |
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Rec'd PCT/PTO 20 JAN 2005

**COMBINED DECLARATION FOR UTILITY or DESIGN
PATENT APPLICATION WITH POWER OF ATTORNEY** Continued

ATTORNEY'S DOCKET NUMBER
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PRIOR U.S. PARENT APPLICATION or PCT PARENT APPLICATION

| | | STATUS (Check one) | | |
|--|---------------------------------|--------------------|---------|-----------|
| U.S. Parent Application or PCT Parent Number | Parent Filing Date (MM/DD/YYYY) | PATENTED | PENDING | ABANDONED |
| | | | | |
| | | | | |

POWER OF ATTORNEY: As a named inventor, I hereby appoint the practitioners associated with the Customer Numbers provided below to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith
Customer Number 23347 and Customer Number 20462


Address all correspondence and telephone calls to **Customer Number 23347**

23347

Direct Telephone Calls to:

**Amy H. Fix
919-483-8911**

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

| | | | | |
|-----------------|-------------------------|---|---|---|
| 2 0 1 | FULL NAME OF INVENTOR | FAMILY NAME BROWN | FIRST GIVEN NAME Matthew | SECOND GIVEN NAME/INITIAL Lee |
| | INVENTOR'S SIGNATURE | Signature | | Date: |
| | RESIDENCE & CITIZENSHIP | CITY Indianapolis | STATE OR FOREIGN COUNTRY IN | COUNTRY OF CITIZENSHIP US |
| | POST OFFICE ADDRESS | POST OFFICE ADDRESS 634 East 10th Street, Apt. 1 | CITY Indianapolis | STATE & ZIP CODE/COUNTRY IN 46202 US |
| 2 0 2 | FULL NAME OF INVENTOR | FAMILY NAME CHEUNG | FIRST GIVEN NAME Mui | SECOND GIVEN NAME/INITIAL |
| | INVENTOR'S SIGNATURE | Signature  | | Date: 9/4/03 |
| | RESIDENCE & CITIZENSHIP | CITY Durham | STATE OR FOREIGN COUNTRY NC US NC | COUNTRY OF CITIZENSHIP CN |
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| 2 0 3 | FULL NAME OF INVENTOR | FAMILY NAME DICKERSON | FIRST GIVEN NAME Scott | SECOND GIVEN NAME/INITIAL Howard |
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|-----|---|-------------------------|--|---|--|
| 400 | 2 | FULL NAME OF INVENTOR | FAMILY NAME GARRIDO | FIRST GIVEN NAME Dulce | SECOND GIVEN NAME/INITIAL Maria |
| | 0 | INVENTOR'S SIGNATURE | Signature <i>Dulce M. Garrido</i> | | Date: <i>Sept 4, 2003</i> |
| | 4 | RESIDENCE & CITIZENSHIP | CITY Durham | STATE OR FOREIGN COUNTRY NC US NC | COUNTRY OF CITIZENSHIP US |
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| | 0 | INVENTOR'S SIGNATURE | Signature | | Date: |
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| | 2 | FULL NAME OF INVENTOR | FAMILY NAME MIYAZAKI | FIRST GIVEN NAME Yasushi | SECOND GIVEN NAME/INITIAL |
| | 0 | INVENTOR'S SIGNATURE | Signature | | Date: |
| | 6 | RESIDENCE & CITIZENSHIP | CITY Tsukuba-shi | STATE OR FOREIGN COUNTRY Ibaraki JP | COUNTRY OF CITIZENSHIP JP |
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ATTORNEY'S DOCKET
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First Names Inventor:
BROWN et al

Complete if known:
App No.:

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|---------------------|-------------------------|--|---|---|
| 2 0 1 | FULL NAME OF INVENTOR | FAMILY NAME BROWN | FIRST GIVEN NAME Matthew | SECOND GIVEN NAME/INITIAL Lee |
| | INVENTOR'S SIGNATURE | Signature | | Date: |
| | RESIDENCE & CITIZENSHIP | CITY Indianapolis | STATE OR FOREIGN COUNTRY IN | COUNTRY OF CITIZENSHIP US |
| | POST OFFICE ADDRESS | POST OFFICE ADDRESS 634 East 10th Street, Apt. 1 | CITY Indianapolis | STATE & ZIP CODE/COUNTRY IN 46202 US |
| 2 0 2 | FULL NAME OF INVENTOR | FAMILY NAME CHEUNG | FIRST GIVEN NAME Mui | SECOND GIVEN NAME/INITIAL |
| | INVENTOR'S SIGNATURE | Signature | | Date: |
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| 3-00 0 3 | FULL NAME OF INVENTOR | FAMILY NAME DICKERSON | FIRST GIVEN NAME Scott | SECOND GIVEN NAME/INITIAL Howard |
| | INVENTOR'S SIGNATURE | Signature <i>Scott Howard Dickerson</i> | | Date: 9/4/03 |
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| 2 0 5 | FULL NAME OF INVENTOR | FAMILY NAME MILLS | FIRST GIVEN NAME Wendy | SECOND GIVEN NAME/INITIAL Yoon |
| | INVENTOR'S SIGNATURE | Signature <i>Wendy J. Mills</i> | | Date: 9/12/03 |
| | RESIDENCE & CITIZENSHIP | CITY Durham | STATE OR FOREIGN COUNTRY NC US NC | COUNTRY OF CITIZENSHIP US |
| | POST OFFICE ADDRESS | POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398 | CITY Research Triangle Park | STATE & ZIP CODE/COUNTRY North Carolina 27709, US |
| 2 0 6 | FULL NAME OF INVENTOR | FAMILY NAME MIYAZAKI | FIRST GIVEN NAME Yasushi | SECOND GIVEN NAME/INITIAL |
| | INVENTOR'S SIGNATURE | Signature | | Date: |
| | RESIDENCE & CITIZENSHIP | CITY Tsukuba-shi | STATE OR FOREIGN COUNTRY Ibaraki JP | COUNTRY OF CITIZENSHIP JP |
| | POST OFFICE ADDRESS | POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398 | CITY Research Triangle Park | STATE & ZIP CODE/COUNTRY North Carolina 27709, US |
| 2 0 7 | FULL NAME OF INVENTOR | FAMILY NAME PEAT | FIRST GIVEN NAME Andrew | SECOND GIVEN NAME/INITIAL James |
| | INVENTOR'S SIGNATURE | Signature | | Date: |
| | RESIDENCE & CITIZENSHIP | CITY Durham | STATE OR FOREIGN COUNTRY NC US | COUNTRY OF CITIZENSHIP US |
| | POST OFFICE ADDRESS | POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398 | CITY Research Triangle Park | STATE & ZIP CODE/COUNTRY North Carolina 27709, US |
| 2 0 8 | FULL NAME OF INVENTOR | FAMILY NAME PECKHAM | FIRST GIVEN NAME Jennifer | SECOND GIVEN NAME/INITIAL P |
| | INVENTOR'S SIGNATURE | Signature | | Date: |
| | RESIDENCE & CITIZENSHIP | CITY Durham | STATE OR FOREIGN COUNTRY NC US | COUNTRY OF CITIZENSHIP US |
| | POST OFFICE ADDRESS | POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398 | CITY Research Triangle Park | STATE & ZIP CODE/COUNTRY North Carolina 27709, US |
| 2 0 9 | FULL NAME OF INVENTOR | FAMILY NAME SMALLEY | FIRST GIVEN NAME Terrence | SECOND GIVEN NAME/INITIAL L |
| | INVENTOR'S SIGNATURE | Signature | | Date: |
| | RESIDENCE & CITIZENSHIP | CITY Durham | STATE OR FOREIGN COUNTRY NC US | COUNTRY OF CITIZENSHIP US |
| | POST OFFICE ADDRESS | POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398 | CITY Research Triangle Park | STATE & ZIP CODE/COUNTRY North Carolina 27709, US |

| | | | | |
|---|-------------------------|--|--|---|
| 2 | FULL NAME OF INVENTOR | FAMILY NAME THOMSON | FIRST GIVEN NAME Stephen | SECOND GIVEN NAME/INITIAL Andrew |
| | INVENTOR'S SIGNATURE | Signature | | Date: |
| 1 | RESIDENCE & CITIZENSHIP | CITY Durham | STATE OR FOREIGN COUNTRY NC US | COUNTRY OF CITIZENSHIP US |
| | POST OFFICE ADDRESS | POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398 | CITY Research Triangle Park | STATE & ZIP CODE/COUNTRY North Carolina 27709, US |
| 2 | FULL NAME OF INVENTOR | FAMILY NAME VEAL | FIRST GIVEN NAME James | SECOND GIVEN NAME/INITIAL Marvin |
| | INVENTOR'S SIGNATURE | Signature | | Date: |
| 1 | RESIDENCE & CITIZENSHIP | CITY Apex | STATE OR FOREIGN COUNTRY NC US | COUNTRY OF CITIZENSHIP US |
| | POST OFFICE ADDRESS | POST OFFICE ADDRESS 8916 Weaver Crossing Road | CITY Apex | STATE & ZIP CODE/COUNTRY North Carolina 27502, US |
| 2 | FULL NAME OF INVENTOR | FAMILY NAME WILSON | FIRST GIVEN NAME Jayne | SECOND GIVEN NAME/INITIAL Lyn, Roark |
| | INVENTOR'S SIGNATURE | Signature | | Date: |
| 1 | RESIDENCE & CITIZENSHIP | CITY Durham | STATE OR FOREIGN COUNTRY NC US | COUNTRY OF CITIZENSHIP US |
| | POST OFFICE ADDRESS | POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398 | CITY Research Triangle Park | STATE & ZIP CODE/COUNTRY North Carolina 27709, US |

**COMBINED DECLARATION FOR UTILITY OR DESIGN PATENT
APPLICATION WITH POWER OF ATTORNEY**

ATTORNEY'S DOCKET

PU4687USw

First Names Inventor:

BROWN et al

Complete if known:

App No.:

Filing Date

Group Art Unit:

() Declaration submitted with initial filing or

() Declaration submitted after initial filing (surcharge required 37CFR1.16(e))

As below named inventor. I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

PYRAZOLOPYRIMIDINES AS KINASE INHIBITORS

the specification of which (check only one item below):

[] is attached hereto.

OR

[X] was filed on **July 21, 2003** as United States application Serial No. _____ or PCT International

Application Number **PCT/US03/22716** filed and was amended on (MM/DD/YYYY) _____ (if applicable)

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR §1.56.

I hereby claim foreign priority benefits under 35 U.S.C. §119 (a)-(d) or §365(b) of any foreign applications(s) for patent or inventor's certificate or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate or of any PCT international application having a filing date before that of the application on which priority is claimed:

PRIOR FOREIGN AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:

| Prior Foreign Application Number (s) | Country | Foreign Filing Date (MM/DD/YYYY) | PRIORITY CLAIMED |
|--------------------------------------|---------|----------------------------------|------------------|
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| 5. | | | |

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below:

| Application No. | Filing Date (MM/DD/YYYY) |
|-----------------|--------------------------|
| 1.60/397,988 | 07/23/2002 |
| 2. | |
| 3. | |

**Express Mail Label
EV332065482US**

Filed PCT/PTO 20 JAN 2005

COMBINED DECLARATION FOR UTILITY or DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY Continued

ATTORNEY'S DOCKET NUMBER
PU4687USW

I hereby claim the benefit under 35, U.S.C. §120 of any United States application or §365(c) of any PCT international application designating the United States of America that is listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56 which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:

PRIOR U.S. PARENT APPLICATION or PCT PARENT APPLICATION

| | | STATUS (Check one) | | |
|--|---------------------------------|--------------------|---------|-----------|
| U.S. Parent Application or PCT Parent Number | Parent Filing Date (MM/DD/YYYY) | PATENTED | PENDING | ABANDONED |
| | | | | |
| | | | | |

POWER OF ATTORNEY: As a named inventor, I hereby appoint the practitioners associated with the Customer Numbers provided below to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith
Customer Number **23347** and Customer Number **20462**

Address all correspondence and telephone calls to Customer Number **23347**

Direct Telephone Calls to:

23347

**Amy H. Fix
919-483-8911**

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

| | | | | |
|---|-------------------------|--|--|---|
| 2 | FULL NAME OF INVENTOR | FAMILY NAME BROWN | FIRST GIVEN NAME Matthew | SECOND GIVEN NAME/INITIAL Lee |
| | INVENTOR'S SIGNATURE | Signature | | Date: |
| 0 | RESIDENCE & CITIZENSHIP | CITY Indianapolis | STATE OR FOREIGN COUNTRY IN | COUNTRY OF CITIZENSHIP US |
| | POST OFFICE ADDRESS | POST OFFICE ADDRESS 634 East 10th Street, Apt. 1 | CITY Indianapolis | STATE & ZIP CODE/COUNTRY IN 46202 US |
| 2 | FULL NAME OF INVENTOR | FAMILY NAME CHEUNG | FIRST GIVEN NAME Mui | SECOND GIVEN NAME/INITIAL |
| | INVENTOR'S SIGNATURE | Signature | | Date: |
| 0 | RESIDENCE & CITIZENSHIP | CITY Durham | STATE OR FOREIGN COUNTRY NC US | COUNTRY OF CITIZENSHIP CN |
| | POST OFFICE ADDRESS | POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398 | CITY Research Triangle Park | STATE & ZIP CODE/COUNTRY North Carolina 27709, US |
| 2 | FULL NAME OF INVENTOR | FAMILY NAME DICKERSON | FIRST GIVEN NAME Scott | SECOND GIVEN NAME/INITIAL Howard |
| | INVENTOR'S SIGNATURE | Signature | | Date: |
| 0 | RESIDENCE & CITIZENSHIP | CITY Durham | STATE OR FOREIGN COUNTRY NC US | COUNTRY OF CITIZENSHIP US |
| | POST OFFICE ADDRESS | POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398 | CITY Research Triangle Park | STATE & ZIP CODE/COUNTRY North Carolina 27709, US |

| | | | | |
|---------|-------------------------|--|---|--|
| 204 | FULL NAME OF INVENTOR | FAMILY NAME GARRIDO | FIRST GIVEN NAME Dulce | SECOND GIVEN NAME/INITIAL Maria |
| | INVENTOR'S SIGNATURE | Signature | | Date: |
| | RESIDENCE & CITIZENSHIP | CITY Durham | STATE OR FOREIGN COUNTRY NC US | COUNTRY OF CITIZENSHIP US |
| | POST OFFICE ADDRESS | POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398 | CITY Research Triangle Park | STATE & ZIP CODE/COUNTRY North Carolina 27709, US |
| 205 | FULL NAME OF INVENTOR | FAMILY NAME MILLS | FIRST GIVEN NAME Wendy | SECOND GIVEN NAME/INITIAL Yoon |
| | INVENTOR'S SIGNATURE | Signature | | Date: |
| | RESIDENCE & CITIZENSHIP | CITY Durham | STATE OR FOREIGN COUNTRY NC US | COUNTRY OF CITIZENSHIP US |
| | POST OFFICE ADDRESS | POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398 | CITY Research Triangle Park | STATE & ZIP CODE/COUNTRY North Carolina 27709, US |
| 206 | FULL NAME OF INVENTOR | FAMILY NAME MIYAZAKI | FIRST GIVEN NAME Yasushi | SECOND GIVEN NAME/INITIAL |
| | INVENTOR'S SIGNATURE | Signature | | Date: |
| | RESIDENCE & CITIZENSHIP | CITY Tsukuba-shi | STATE OR FOREIGN COUNTRY Ibaraki JP | COUNTRY OF CITIZENSHIP JP |
| | POST OFFICE ADDRESS | POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398 | CITY Research Triangle Park | STATE & ZIP CODE/COUNTRY North Carolina 27709, US |
| 207 | FULL NAME OF INVENTOR | FAMILY NAME PEAT | FIRST GIVEN NAME Andrew | SECOND GIVEN NAME/INITIAL James |
| | INVENTOR'S SIGNATURE | Signature | | Date: |
| | RESIDENCE & CITIZENSHIP | CITY Durham | STATE OR FOREIGN COUNTRY NC US | COUNTRY OF CITIZENSHIP US |
| | POST OFFICE ADDRESS | POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398 | CITY Research Triangle Park | STATE & ZIP CODE/COUNTRY North Carolina 27709, US |
| 800 208 | FULL NAME OF INVENTOR | FAMILY NAME PECKHAM | FIRST GIVEN NAME Jennifer | SECOND GIVEN NAME/INITIAL P. Poole <i>QPP 9/4/03</i> |
| | INVENTOR'S SIGNATURE | Signature <i>Jennife Poole Peckham</i> | | Date: <i>04 September 2003</i> |
| | RESIDENCE & CITIZENSHIP | CITY Durham | STATE OR FOREIGN COUNTRY NC US NC | COUNTRY OF CITIZENSHIP US |
| | POST OFFICE ADDRESS | POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398 | CITY Research Triangle Park | STATE & ZIP CODE/COUNTRY North Carolina 27709, US |
| 209 | FULL NAME OF INVENTOR | FAMILY NAME SMALLEY | FIRST GIVEN NAME Terrence | SECOND GIVEN NAME/INITIAL L |
| | INVENTOR'S SIGNATURE | Signature | | Date: |
| | RESIDENCE & CITIZENSHIP | CITY Durham | STATE OR FOREIGN COUNTRY NC US | COUNTRY OF CITIZENSHIP US |
| | POST OFFICE ADDRESS | POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398 | CITY Research Triangle Park | STATE & ZIP CODE/COUNTRY North Carolina 27709, US |

| | | | | |
|---|-------------------------|--|--|---|
| 2 | FULL NAME OF INVENTOR | FAMILY NAME THOMSON | FIRST GIVEN NAME Stephen | SECOND GIVEN NAME/INITIAL Andrew |
| | INVENTOR'S SIGNATURE | Signature | | Date: |
| 1 | RESIDENCE & CITIZENSHIP | CITY Durham | STATE OR FOREIGN COUNTRY NC US | COUNTRY OF CITIZENSHIP US |
| | POST OFFICE ADDRESS | POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398 | CITY Research Triangle Park | STATE & ZIP CODE/COUNTRY North Carolina 27709, US |
| 2 | FULL NAME OF INVENTOR | FAMILY NAME VEAL | FIRST GIVEN NAME James | SECOND GIVEN NAME/INITIAL Marvin |
| | INVENTOR'S SIGNATURE | Signature | | Date: |
| 1 | RESIDENCE & CITIZENSHIP | CITY Apex | STATE OR FOREIGN COUNTRY NC US | COUNTRY OF CITIZENSHIP US |
| | POST OFFICE ADDRESS | POST OFFICE ADDRESS 8916 Weaver Crossing Road | CITY Apex | STATE & ZIP CODE/COUNTRY North Carolina 27502, US |
| 2 | FULL NAME OF INVENTOR | FAMILY NAME WILSON | FIRST GIVEN NAME Jayne | SECOND GIVEN NAME/INITIAL Lyn, Roark |
| | INVENTOR'S SIGNATURE | Signature | | Date: |
| 1 | RESIDENCE & CITIZENSHIP | CITY Durham | STATE OR FOREIGN COUNTRY NC US | COUNTRY OF CITIZENSHIP US |
| | POST OFFICE ADDRESS | POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398 | CITY Research Triangle Park | STATE & ZIP CODE/COUNTRY North Carolina 27709, US |

9, 12

COMBINED DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY

ATTORNEY'S DOCKET

PU4687USw

First Names Inventor:

BROWN et al

Complete if known:

App No.:

Filing Date

Group Art Unit:

() Declaration submitted with initial filing or

() Declaration submitted after initial filing (surcharge required 37CFR1.16(e))

As below named inventor. I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

PYRAZOLOPYRIMIDINES AS KINASE INHIBITORS

the specification of which (check only one item below):

[] is attached hereto.

OR

[X] was filed on July 21, 2003 as United States application Serial No. _____ or PCT International

Application Number PCT/US03/22716 filed and was amended on (MM/DD/YYYY) _____ (if applicable)

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR §1.56.

I hereby claim foreign priority benefits under 35 U.S.C. §119 (a)-(d) or §365(b) of any foreign applications(s) for patent or inventor's certificate or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate or of any PCT international application having a filing date before that of the application on which priority is claimed:

PRIOR FOREIGN AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:

| Prior Foreign Application Number (s) | Country | Foreign Filing Date (MM/DD/YYYY) | PRIORITY CLAIMED |
|--------------------------------------|---------|----------------------------------|------------------|
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| 5. | | | |

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below:

| Application No. | Filing Date (MM/DD/YYYY) |
|-----------------|--------------------------|
| 1. 60/397,988 | 07/23/2002 |
| 2. | |
| 3. | |

Rec'd PCT/PTO 20 JAN 2005

Express Mail Label
EV332065482US

COMBINED DECLARATION FOR UTILITY or DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY Continued

ATTORNEY'S DOCKET NUMBER
PU4687USW

I hereby claim the benefit under 35, U.S.C. §120 of any United States application or §365(c) of any PCT international application designating the United States of America that is listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56 which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:

PRIOR U.S. PARENT APPLICATION or PCT PARENT APPLICATION

| U.S. Parent Application or PCT Parent Number | Parent Filing Date (MM/DD/YYYY) | STATUS (Check one) | | |
|--|---------------------------------|--------------------|---------|-----------|
| | | PATENTED | PENDING | ABANDONED |
| | | | | |
| | | | | |

POWER OF ATTORNEY: As a named inventor, I hereby appoint the practitioners associated with the Customer Numbers provided below to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith
Customer Number **23347** and Customer Number **20462**

Address all correspondence and telephone calls to Customer Number **23347**

Direct Telephone Calls to:

Amy H. Fix
919-483-8911

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

| | | | | |
|---------------------|-------------------------|--|--|---|
| 2 0 1 | FULL NAME OF INVENTOR | FAMILY NAME BROWN | FIRST GIVEN NAME Matthew | SECOND GIVEN NAME/INITIAL Lee |
| | INVENTOR'S SIGNATURE | Signature | | Date: |
| | RESIDENCE & CITIZENSHIP | CITY Indianapolis | STATE OR FOREIGN COUNTRY IN | COUNTRY OF CITIZENSHIP US |
| | POST OFFICE ADDRESS | POST OFFICE ADDRESS 634 East 10th Street, Apt. 1 | CITY Indianapolis | STATE & ZIP CODE/COUNTRY IN 46202 US |
| 2 0 2 | FULL NAME OF INVENTOR | FAMILY NAME CHEUNG | FIRST GIVEN NAME Mui | SECOND GIVEN NAME/INITIAL |
| | INVENTOR'S SIGNATURE | Signature | | Date: |
| | RESIDENCE & CITIZENSHIP | CITY Durham | STATE OR FOREIGN COUNTRY NC US | COUNTRY OF CITIZENSHIP CN |
| | POST OFFICE ADDRESS | POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398 | CITY Research Triangle Park | STATE & ZIP CODE/COUNTRY North Carolina 27709, US |
| 2 0 3 | FULL NAME OF INVENTOR | FAMILY NAME DICKERSON | FIRST GIVEN NAME Scott | SECOND GIVEN NAME/INITIAL Howard |
| | INVENTOR'S SIGNATURE | Signature | | Date: |
| | RESIDENCE & CITIZENSHIP | CITY Durham | STATE OR FOREIGN COUNTRY NC US | COUNTRY OF CITIZENSHIP US |
| | POST OFFICE ADDRESS | POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398 | CITY Research Triangle Park | STATE & ZIP CODE/COUNTRY North Carolina 27709, US |

| | | | | |
|---|-------------------------|--|---|---|
| 2 | FULL NAME OF INVENTOR | FAMILY NAME GARRIDO | FIRST GIVEN NAME Dulce | SECOND GIVEN NAME/INITIAL Maria |
| 0 | INVENTOR'S SIGNATURE | Signature | | Date: |
| 4 | RESIDENCE & CITIZENSHIP | CITY Durham | STATE OR FOREIGN COUNTRY NC US | COUNTRY OF CITIZENSHIP US |
| | POST OFFICE ADDRESS | POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398 | CITY Research Triangle Park | STATE & ZIP CODE/COUNTRY North Carolina 27709, US |
| 2 | FULL NAME OF INVENTOR | FAMILY NAME MILLS | FIRST GIVEN NAME Wendy | SECOND GIVEN NAME/INITIAL Yoon |
| 0 | INVENTOR'S SIGNATURE | Signature | | Date: |
| 5 | RESIDENCE & CITIZENSHIP | CITY Durham | STATE OR FOREIGN COUNTRY NC US | COUNTRY OF CITIZENSHIP US |
| | POST OFFICE ADDRESS | POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398 | CITY Research Triangle Park | STATE & ZIP CODE/COUNTRY North Carolina 27709, US |
| 2 | FULL NAME OF INVENTOR | FAMILY NAME MIYAZAKI | FIRST GIVEN NAME Yasushi | SECOND GIVEN NAME/INITIAL |
| 0 | INVENTOR'S SIGNATURE | Signature | | Date: |
| 6 | RESIDENCE & CITIZENSHIP | CITY Tsukuba-shi | STATE OR FOREIGN COUNTRY Ibaraki JP | COUNTRY OF CITIZENSHIP JP |
| | POST OFFICE ADDRESS | POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398 | CITY Research Triangle Park | STATE & ZIP CODE/COUNTRY North Carolina 27709, US |
| 2 | FULL NAME OF INVENTOR | FAMILY NAME PEAT | FIRST GIVEN NAME Andrew | SECOND GIVEN NAME/INITIAL James |
| 0 | INVENTOR'S SIGNATURE | Signature | | Date: |
| 7 | RESIDENCE & CITIZENSHIP | CITY Durham | STATE OR FOREIGN COUNTRY NC US | COUNTRY OF CITIZENSHIP US |
| | POST OFFICE ADDRESS | POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398 | CITY Research Triangle Park | STATE & ZIP CODE/COUNTRY North Carolina 27709, US |
| 2 | FULL NAME OF INVENTOR | FAMILY NAME PECKHAM | FIRST GIVEN NAME Jennifer | SECOND GIVEN NAME/INITIAL P |
| 0 | INVENTOR'S SIGNATURE | Signature | | Date: |
| 8 | RESIDENCE & CITIZENSHIP | CITY Durham | STATE OR FOREIGN COUNTRY NC US | COUNTRY OF CITIZENSHIP US |
| | POST OFFICE ADDRESS | POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398 | CITY Research Triangle Park | STATE & ZIP CODE/COUNTRY North Carolina 27709, US |
| 2 | FULL NAME OF INVENTOR | FAMILY NAME SMALLEY | FIRST GIVEN NAME Terrence | SECOND GIVEN NAME/INITIAL L |
| 0 | INVENTOR'S SIGNATURE | Signature <i>Terrence L. Smalley</i> | | Date: 9/4/2003 |
| 9 | RESIDENCE & CITIZENSHIP | CITY Durham | STATE OR FOREIGN COUNTRY NC US NC | COUNTRY OF CITIZENSHIP US |
| | POST OFFICE ADDRESS | POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398 | CITY Research Triangle Park | STATE & ZIP CODE/COUNTRY North Carolina 27709, US |

9-00

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|---|-------------------------|--|---|---|
| 2 | FULL NAME OF INVENTOR | FAMILY NAME THOMSON | FIRST GIVEN NAME Stephen | SECOND GIVEN NAME/INITIAL Andrew |
| 1 | INVENTOR'S SIGNATURE | Signature | | Date: |
| 0 | RESIDENCE & CITIZENSHIP | CITY Durham | STATE OR FOREIGN COUNTRY NC US | COUNTRY OF CITIZENSHIP US |
| 0 | POST OFFICE ADDRESS | POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398 | CITY Research Triangle Park | STATE & ZIP CODE/COUNTRY North Carolina 27709, US |
| 2 | FULL NAME OF INVENTOR | FAMILY NAME VEAL | FIRST GIVEN NAME James | SECOND GIVEN NAME/INITIAL Marvin |
| 1 | INVENTOR'S SIGNATURE | Signature | | Date: |
| 1 | RESIDENCE & CITIZENSHIP | CITY Apex | STATE OR FOREIGN COUNTRY NC US | COUNTRY OF CITIZENSHIP US |
| 1 | POST OFFICE ADDRESS | POST OFFICE ADDRESS 8916 Weaver Crossing Road | CITY Apex | STATE & ZIP CODE/COUNTRY North Carolina 27502, US |
| 2 | FULL NAME OF INVENTOR | FAMILY NAME WILSON | FIRST GIVEN NAME Jayne | SECOND GIVEN NAME/INITIAL Lyn, Roark |
| 1 | INVENTOR'S SIGNATURE | Signature <i>Jayne Lyn Roark Wilson</i> | | Date: 9/4/03 |
| 1 | RESIDENCE & CITIZENSHIP | CITY Durham | STATE OR FOREIGN COUNTRY NC US NC | COUNTRY OF CITIZENSHIP US |
| 2 | POST OFFICE ADDRESS | POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398 | CITY Research Triangle Park | STATE & ZIP CODE/COUNTRY North Carolina 27709, US |

12-00

COMBINED DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY

ATTORNEY'S DOCKET
PU4687USw

First Names Inventor:
BROWN et al

Complete if known:
App No.:

Filing Date

Group Art Unit:

- () Declaration submitted with initial filing or
() Declaration submitted after initial filing (surcharge required 37CFR1.16(e))

As below named inventor. I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

PYRAZOLOPYRIMIDINES AS KINASE INHIBITORS

the specification of which (check only one item below):

[] is attached hereto.

OR

[X] was filed on **July 21, 2003** as United States application Serial No. _____ or PCT International

Application Number **PCT/US03/22716** filed and was amended on (MM/DD/YYYY) _____ (if applicable)

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR §1.56.

I hereby claim foreign priority benefits under 35 U.S.C. §119 (a)-(d) or §365(b) of any foreign applications(s) for patent or inventor's certificate or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate or of any PCT international application having a filing date before that of the application on which priority is claimed:

PRIOR FOREIGN AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:

| Prior Foreign Application Number (s) | Country | Foreign Filing Date (MM/DD/YYYY) | PRIORITY CLAIMED |
|--------------------------------------|---------|----------------------------------|------------------|
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| 5. | | | |

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below:

| Application No. | Filing Date (MM/DD/YYYY) |
|----------------------|--------------------------|
| 1. 60/397,988 | 07/23/2002 |
| 2. | |
| 3. | |

PCT/PTO 20 JAN 2005

COMBINED DECLARATION FOR UTILITY or DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY Continued

ATTORNEY'S DOCKET NUMBER
PU4687USW

I hereby claim the benefit under 35, U.S.C. §120 of any United States application or §365(c) of any PCT international application designating the United States of America that is listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56 which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:

PRIOR U.S. PARENT APPLICATION or PCT PARENT APPLICATION

| | | STATUS (Check one) | | |
|--|---------------------------------|--------------------|---------|-----------|
| U.S. Parent Application or PCT Parent Number | Parent Filing Date (MM/DD/YYYY) | PATENTED | PENDING | ABANDONED |
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| | | | | |

POWER OF ATTORNEY: As a named inventor, I hereby appoint the practitioners associated with the Customer Numbers provided below to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

| | | | | |
|-------------------------|-------------------------|--|--|---|
| 2 0 1 | FULL NAME OF INVENTOR | FAMILY NAME BROWN | FIRST GIVEN NAME Matthew | SECOND GIVEN NAME/INITIAL Lee |
| | INVENTOR'S SIGNATURE | Signature | | Date: |
| | RESIDENCE & CITIZENSHIP | CITY Indianapolis | STATE OR FOREIGN COUNTRY IN | COUNTRY OF CITIZENSHIP US |
| | POST OFFICE ADDRESS | POST OFFICE ADDRESS 634 East 10th Street, Apt. 1 | CITY Indianapolis | STATE & ZIP CODE/COUNTRY IN 46202 US |
| 2 0 2 | FULL NAME OF INVENTOR | FAMILY NAME CHEUNG | FIRST GIVEN NAME Mui | SECOND GIVEN NAME/INITIAL |
| | INVENTOR'S SIGNATURE | Signature | | Date: |
| | RESIDENCE & CITIZENSHIP | CITY Durham | STATE OR FOREIGN COUNTRY NC US | COUNTRY OF CITIZENSHIP CN |
| | POST OFFICE ADDRESS | POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398 | CITY Research Triangle Park | STATE & ZIP CODE/COUNTRY North Carolina 27709, US |
| 2 0 3 | FULL NAME OF INVENTOR | FAMILY NAME DICKERSON | FIRST GIVEN NAME Scott | SECOND GIVEN NAME/INITIAL Howard |
| | INVENTOR'S SIGNATURE | Signature | | Date: |
| | RESIDENCE & CITIZENSHIP | CITY Durham | STATE OR FOREIGN COUNTRY NC US | COUNTRY OF CITIZENSHIP US |
| | POST OFFICE ADDRESS | POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398 | CITY Research Triangle Park | STATE & ZIP CODE/COUNTRY North Carolina 27709, US |

| | | | | | |
|-----|---|-------------------------|--|---|---|
| 204 | 2 | FULL NAME OF INVENTOR | FAMILY NAME GARRIDO | FIRST GIVEN NAME Dulce | SECOND GIVEN NAME/INITIAL Maria |
| | | INVENTOR'S SIGNATURE | Signature Date: | | |
| | 0 | RESIDENCE & CITIZENSHIP | CITY Durham | STATE OR FOREIGN COUNTRY NC US | COUNTRY OF CITIZENSHIP US |
| | 4 | POST OFFICE ADDRESS | POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398 | CITY Research Triangle Park | STATE & ZIP CODE/COUNTRY North Carolina 27709, US |
| | 2 | FULL NAME OF INVENTOR | FAMILY NAME MILLS | FIRST GIVEN NAME Wendy | SECOND GIVEN NAME/INITIAL Yoon |
| | | INVENTOR'S SIGNATURE | Signature Date: | | |
| | 0 | RESIDENCE & CITIZENSHIP | CITY Durham | STATE OR FOREIGN COUNTRY NC US | COUNTRY OF CITIZENSHIP US |
| | 5 | POST OFFICE ADDRESS | POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398 | CITY Research Triangle Park | STATE & ZIP CODE/COUNTRY North Carolina 27709, US |
| | 2 | FULL NAME OF INVENTOR | FAMILY NAME MIYAZAKI | FIRST GIVEN NAME Yasushi | SECOND GIVEN NAME/INITIAL |
| | | INVENTOR'S SIGNATURE | Signature Date: | | |
| | 0 | RESIDENCE & CITIZENSHIP | CITY Tsukuba-shi | STATE OR FOREIGN COUNTRY Ibaraki JP | COUNTRY OF CITIZENSHIP JP |
| | 6 | POST OFFICE ADDRESS | POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398 | CITY Research Triangle Park | STATE & ZIP CODE/COUNTRY North Carolina 27709, US |
| 700 | 2 | FULL NAME OF INVENTOR | FAMILY NAME PEAT | FIRST GIVEN NAME Andrew | SECOND GIVEN NAME/INITIAL James |
| | | INVENTOR'S SIGNATURE | Signature <i>Andrew J Peat</i> Date: 9/29/03 | | |
| | 0 | RESIDENCE & CITIZENSHIP | CITY Durham | STATE OR FOREIGN COUNTRY NC US NC | COUNTRY OF CITIZENSHIP US |
| | 7 | POST OFFICE ADDRESS | POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398 | CITY Research Triangle Park | STATE & ZIP CODE/COUNTRY North Carolina 27709, US |
| | 2 | FULL NAME OF INVENTOR | FAMILY NAME PECKHAM | FIRST GIVEN NAME Jennifer | SECOND GIVEN NAME/INITIAL P |
| | | INVENTOR'S SIGNATURE | Signature Date: | | |
| | 0 | RESIDENCE & CITIZENSHIP | CITY Durham | STATE OR FOREIGN COUNTRY NC US | COUNTRY OF CITIZENSHIP US |
| | 8 | POST OFFICE ADDRESS | POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398 | CITY Research Triangle Park | STATE & ZIP CODE/COUNTRY North Carolina 27709, US |
| | 2 | FULL NAME OF INVENTOR | FAMILY NAME SMALLEY | FIRST GIVEN NAME Terrence | SECOND GIVEN NAME/INITIAL L |
| | | INVENTOR'S SIGNATURE | Signature Date: | | |
| | 0 | RESIDENCE & CITIZENSHIP | CITY Durham | STATE OR FOREIGN COUNTRY NC US | COUNTRY OF CITIZENSHIP US |
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| | | | | | |
|-------|---|-------------------------|---|---|---|
| 10-20 | 2 | FULL NAME OF INVENTOR | FAMILY NAME THOMSON | FIRST GIVEN NAME Stephen | SECOND GIVEN NAME/INITIAL Andrew |
| | | INVENTOR'S SIGNATURE | Signature  | | Date: 9/3/03 |
| | 1 | RESIDENCE & CITIZENSHIP | CITY Durham | STATE OR FOREIGN COUNTRY NC US NC | COUNTRY OF CITIZENSHIP US |
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| | 2 | FULL NAME OF INVENTOR | FAMILY NAME VEAL | FIRST GIVEN NAME James | SECOND GIVEN NAME/INITIAL Marvin |
| | | INVENTOR'S SIGNATURE | Signature | | Date: |
| | 1 | RESIDENCE & CITIZENSHIP | CITY Apex | STATE OR FOREIGN COUNTRY NC US | COUNTRY OF CITIZENSHIP US |
| | 1 | POST OFFICE ADDRESS | POST OFFICE ADDRESS 8916 Weaver Crossing Road | CITY Apex | STATE & ZIP CODE/COUNTRY North Carolina 27502, US |
| | 2 | FULL NAME OF INVENTOR | FAMILY NAME WILSON | FIRST GIVEN NAME Jayme | SECOND GIVEN NAME/INITIAL Lyn, Roark |
| | | INVENTOR'S SIGNATURE | Signature | | Date: |
| | 1 | RESIDENCE & CITIZENSHIP | CITY Durham | STATE OR FOREIGN COUNTRY NC US | COUNTRY OF CITIZENSHIP US |
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